



COUNTY BOROUGH OF WEST BROMWICH.

EDUCATION COMMITTEE.

Fifteenth Annual Report

ON THE

**MEDICAL INSPECTION AND
TREATMENT OF SCHOOL CHILDREN**

1922.

R. WOOLSEY STOCKS, M.R.C.S., L.R.C.P., D.P.H.

SCHOOL MEDICAL SUPERVISOR.

WEST BROMWICH,
May, 1923.

ARTHUR LEWIS, B.A.,
(Barrister-at-Law),
DIRECTOR OF EDUCATION.

LIST OF SCHOOLS, SHOWING ACCOMMODATION

Official

No.	Name of School	B.	G.	M.	I.	Totals
1	Beeches Road Council School	399	361	...	328	1088
2	Black Lake	330	341	...	308	979
3	Bull Lane	...	...	...	270	270
4	Golds Hill	...	...	291	183	474
5	Greets Green	390	336	...	262	988
	Temp.	160	...	...	...	160
6	Guns Village	356	361	...	327	1044
7	Lodge Estate	435	435	...	350	1220
8	Lyng	400	307	...	265	972
	Temp.	...	154	...	...	154
11	Spon Lane	378	378	...	420	1176
	Temp.	120	...	...	...	120
15	Fisher Street	...	...	385	235	620
16	Hill Top	374	374	374	380	1502
2a	Bratt Street	...	...	470	161	631
20	St. Peter's	...	...	197	161	358
13	All Saints' Non-provided School	360	280	...	300	940
14	Christ Church	...	...	369	178	547
17	Holy Trinity	...	...	319	146	465
19	St. Michael's R.C.	...	...	112	...	112
3a	Cronehills	...	320	...	...	320

3702 3647 2517 4274 14140

STAFF OF SCHOOL MEDICAL DEPARTMENT

<i>School Medical Supervisor</i>	...	R. Woolsey Stocks, M.R.C.S., L.R.C.P., D.P.H.
<i>Asst. School Medical Officers</i>	...	Armlay Ashkenney, M.B., Ch.B., B.Sc. <i>Resigned 16th Dec., 1922.</i> Allan B. Hamilton, M.B., Ch.B., D.P.H. <i>Appointed 18th Dec., 1922.</i> Dorothy M. Unsworth, M.B., Ch.B., D.P.H. <i>Appointed 11th Dec., 1922.</i>
	...	Mrs. E. R. Hadley, L.D.S. Edin. <i>Sick Leave 1st Sept., 1921, to 12th June, 1922.</i>
<i>Dental Surgeon</i>	...	Mr. L. W. Elmer, L.D.S. Eng. <i>Acting, 1st Sept., 1921, to 10th June, 1922.</i>
<i>Nurses</i>	...	West Bromwich District Nursing Association. <i>Supt.—Miss H. E. Robinson.</i>
<i>Supervisor of Physical Instruction</i>	...	Mr. E. Gowdridge.
<i>Masseuse (for Remedial Exercises)</i>	...	Miss E. H. Moss
<i>Clerk</i>	...	Miss E. Fisher.
	...	Mr. J. Poxon.



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County Borough of West Bromwich.

*To the Chairman and Members of the West Bromwich
Education Committee.*

SIR, LADIES AND GENTLEMEN,

I have the honour to present herewith the Fifteenth Annual Report on School Medical Inspection and Treatment, referring to the work done in the year 1922.

The groups of children examined in Routine Inspection are still confined to the Entrants, (children born in the year 1916) and the Leavers (children who in 1923 attain the age of 14), and detailed comments on these inspections are included in a later stage of the report.

The three Sub-Clinics having been opened throughout the year, the number of attendances for treatment once more shows a very marked increase, and a corresponding reduction in the period during which many of the cases are required to attend, owing to the greater regularity of the treatment.

In spite of the continued prevalence of unemployment during the year under review the number of cases of Malnutrition shows a marked diminution, which would indicate that the steps taken by the Committee for the Provision of Meals for school children, and by the Guardians for relief of distress, have had a beneficial effect on the children.

There is an increase in the proportion of children referred for treatment who are brought up by their parents for treatment from 52% in 1921 to 64·1% in 1922.

At the same time there was a considerable drop in the number of cases requiring and receiving treatment from conditions due to uncleanness. These two facts together are a satisfactory indication of the beneficial effects of School Medical Inspection, in that the first shows that parents are being impressed by the necessity for continuous treatment of the children, and second, that they are learning habits of greater personal cleanliness, and combined, these two factors should tend towards a marked improvement in the general health of the community.

Towards the end of the year, the Committee having received the resignation of Dr. Ashkenny as Assistant School Medical Officer, decided, together with the Sanitary and Maternity and Child Welfare Committees of the Town Council, to appoint two Medical Officers to replace him, in order that the School Medical Inspection Work might be extended to conform with the requirements of the Board of Education, by including the Routine Inspection of the Intermediate Group (8 and 9 years old) and the Routine Inspection of the Secondary School, and children under 16 attending the Art School, and an additional session at the Eye Clinic.

The two Officers appointed—

Dr. A. B. Hamilton, M.B., Ch.B., D.P.H.

Dr. Dorothy M. Unsworth, M.B., Ch.B., D.P.H.

took up their duties on December 16th and December 11th respectively.

I wish to thank the Committee for their courtesy and support throughout the year, and Dr. Ashkenny, Mr. Lewis (Director of Education), Miss Robinson (Matron) and Nurses of the Akrill Nurses' Home, the Head Teachers and the Attendance Officers for their constant co-operation, and, not least, Mr. Poxon, whose work as clerk has been painstaking and thorough, and of the greatest assistance to the medical and nursing staffs in the performance of their duties.

I am, Ladies and Gentlemen,

Your obedient Servant,

R. WOOLSEY STOCKS,

M.R.C.S., L.R.C.P., D.P.H..

School Medical Supervisor.

April, 1923.

The following comments on the School Medical work are arranged as previously to follow as closely as possible the order of the statistical tables in the report.

TABLE I.

This Table shows an increase of 183 entrants, and a decrease of 69 leavers inspected, giving a net increase of Routine Inspections of 114. Special Inspections at the Clinic show an increase of 227, and the number of children re-examined an increase of 103.

The total number of individual children inspected during the year was 3624 compared with 3327 of the previous year, an increase of 297.

The 1512 children examined at the Clinic during the year were referred for examination by the Assistant School Medical Officer, Head Teachers, School Nurses, Attendance Officers, Committee, and a few from private Doctors for consultation or exclusion for protracted periods. 354 were referred as the result of Routine Inspection at the Schools.

TABLE II.

THE ROUTINE INSPECTIONS were made by Dr. Ashkenny in the Schools, who during the year examined two groups of children, *i.e.*, Entrants (born in 1916) and Leavers (born in 1909).

The same method of classification was used as detailed in last year's report, and the results are shown in Table II, columns 2 to 5 at the end. Special Inspections at the Clinic were done by myself, and the results are shown in columns 6 and 7 of Table II.

Malnutrition.—I have already referred to the fact that there is a marked reduction in the number of children classified under this head, *i.e.*, 308 in 1921 and 182 in the year under review.

This reduction, in my opinion, goes a considerable way towards refuting suggestions made in some quarters that the parents do not now take as much care of their children as was the custom in the previous generation, for from my own observation, I can bear witness to the fact that in many instances where parents were themselves obviously suffering from considerable privation, their children were not showing anything like a proportionate loss of weight, and their children's

clothing, though shabby and worn, was in the great majority of instances as efficient as possible under the circumstances. In this respect boots and stockings show the greatest amount of wear and tear, and the re-opening of the Mayor's Boot Fund has been the greatest possible boon to many families.

Uncleanliness.—The general cleanliness of the children shows once more a considerable improvement on the previous year. The defects due to uncleanliness are:—Verminous condition of Head and Body, Ringworm of Head and Body, Scabies, Impetigo & Blepharitis (sore eyelids). The total cases referred for treatment under these heads were 505, compared with 657 in the previous year. Those referred for observation were 303 compared with 531, making a total for 1922 of 808 cases noted under these headings, compared with 1188 in the previous year. The number of children excluded from the schools as the result of these various conditions was 92, compared with 124 last year.

The thanks of the School Medical Department and the Committee are due to Inspector Pine, of the N.S.P.C.C., for the constant and willing attention he pays to all cases brought to his notice and the great assistance he continues to give to the School Medical Department and Nurses in obtaining improved cleanliness of children whose parents are neglectful.

Skin Conditions.—Most of those dealt with were due to uncleanliness, but other diseases not so classified numbered 247, compared with 211 in the previous year, this being indicative of attention on the part of Head Teachers and parents to cases of various minor skin troubles which prior to Medical Inspection were frequently ignored.

The number of cases of external eye disease submitted for treatment has slightly increased, *i.e.*, from 97 to 110. This is probably due to the increased facilities for treatment at the sub-clinics, resulting in more children being submitted by the Head Teachers for slightly inflamed eyelids, since less school time is now lost in giving the treatment required than was formerly the case.

Ears.—There is an increase in the total number of ear defects referred for treatment or observation, but this increase only shows under the head Other Diseases, which include wax and skin affection of the outer ear. The number of cases of middle ear disease was reduced by 29, which in itself is a considerable improvement as this complaint frequently leads to permanent deafness, and so to permanent disability and reduction of working capacity. Middle ear disease is very

frequently dependent upon the presence of enlarged Tonsils and Adenoids, and in many instances during the year a cure of a long standing ear discharge has been effected rapidly after the removal of Tonsils and Adenoids.

The reduction of the number of cases of middle ear disease is somewhat remarkable in view of the fact that for the past three years there has been a very large number of cases of Scarlet Fever and Measles, in both of which diseases discharging ears are a frequent complication.

Nose and Throat.—The number of defects under this heading also shows a reduction of 48 in Tonsils and Adenoids, and 30 other conditions—such as nasal discharge and enlarged small bones of the nose. The number of cases of enlarged glands of the neck (non-tubercular) shows a reduction. This is to be expected, concurrently with the reduction in the number of unclean heads since the enlargement of these glands is very frequently due in the first instance to verminous and sore heads. Submaxillary glands show a considerable increase among those requiring observation. These can frequently be cured by the removal of septic teeth.

Heart and Circulation.—There is a considerable increase in the number of cases requiring treatment or observation, especially among the leavers, and although the figures are not high, they are of considerable importance in that heart trouble interferes very considerably with working capacity. It has therefore been my endeavour to encourage parents to keep their children under treatment for protracted periods with a view to effecting as much improvement as possible before they enter the labour market.

A large proportion of cases have been definitely due to a recent attack of one of the Infectious Diseases, and on that account it is gratifying to note that most of the heart affections are classified under the heading “functional,” so showing that the damage is not permanent but can, with careful treatment be remedied.

Tuberculosis.—Thirty cases of Tuberculosis, Pulmonary and Non-Pulmonary, were discovered as a result of Routine and Special Inspections, compared with 24 in the previous year, an increase of 3 definite and 1 suspected case of Pulmonary Tuberculosis, and three Other Forms. There was a reduction of one Glands, but Bone and Joint Tubercular affections were the same number as last year.

Nervous System—including Epilepsy and Mental Deficiency shows very little variation.

Deformities.—Show a considerable reduction in the cases of Spinal Curvature, but an increase in other forms, such as Club Foot, Wry Neck and Deformed Toes and Fingers.

The total number of children found to have defects during the year was 3345, compared with 2938 in the previous year, an increase of 407.

TABLE III.—*Numerical Return of all Exceptional Children in the Area in 1922.*

The arrangements for the education and treatment of Blind, Deaf and Dumb, and Mentally Deficient, Epileptic and Crippled Children were not altered during the year, and this table gives the figures allocated to the above-mentioned defects.

The number of Mentally Deficient cases attending school who are obtaining very little value in education from the Elementary Schools is still considerable, but owing to the limit of expenditure on Mental Deficiency which has been laid down by the Board of Control, it is only possible to deal with urgent cases as vacancies arise in the beds retained by the Town Council at Barr Hall.

TABLE IV.

This table, showing details of treatment under various heads, is very satisfactory compared with last year.

Section A shows a marked increase in the percentage of cases referred for treatment which received treatment either under the Local Education Authority's Scheme or otherwise, the percentage having risen from 59% in 1920, 62% in 1921 to 73.5% in 1922.

Section B shows that the percentage of cases requiring refraction actually sent up for treatment remains practically the same as last year, namely 51.5%. Only one session was held at the Eye Clinic each week in the school year, but as from the commencement of 1923 two sessions a week will be held, and it will be possible to refract many more children found on Routine or Special Inspections to be in need of spectacles.

Section C shows a marked improvement in the number of cases receiving treatment for defects of the nose and throat, the percentage in 1922 being 49.4% compared with 37% in the previous year.

Section D shows a considerable increase in the number of Routine Inspections by the Dental Officer in the schools, 1171 more children being inspected than in the previous year. The result of the inspections is encouraging, as it indicates a marked improvement in the condition of the teeth, which improvement is certainly to a large extent due to the treatment given during the last few years. The percentage of children referred for treatment as a result of Routine Inspections in 1921 was 71.8%, and in 1922 61.5%. The number actually treated is smaller than last year, but the treatment given was of a more satisfactory character.

A smaller number of attendances were made by children at the Clinic but the number of attendances per child increased showing that a larger number of children came up two or more times for treatment.

The number of extractions has fallen from 1.43 to .95 per child treated, but other forms of treatment, *i.e.*, fillings, scalings and dressings have risen from .75 to approximately 1 per child treated.

Fillings, Scalings and Dressings take on the average considerably longer than extractions, and this, to a certain extent accounts for the reduction in the number actually treated. It is still, however, very obvious that a large number of parents do not appreciate the advantages of dental treatment, and one cannot help feeling that in some instances this statement also applies to Head Teachers as there is a very marked difference between the attendance from the various schools. From one school one can be sure that if 20 appointments are made 17 children will turn up; from another it is unlikely that more than 4 or 5 will come.

It is within my knowledge that many of the Head Teachers make it their personal duty to see that as many children as possible come, and also do their best to overcome the unenlightened opposition of parents in their districts.

TABLE V.

This Table summarises the treatment of defects as shown in Table IV. Excluding dental defects, which have just been dealt with, the total number of defects referred for treatment during the year is 2475, compared with 2609 in 1921, and the total number of cases coming up for treatment is 1599 and 1378 respectively, giving a percentage of cases receiving treatment of 64.6 in 1922, compared with 52 in 1921.

TABLE VI.

This Table is a summary of Table II and requires no further reference.

TABLE VII.

This Table sets out the number of Hospital Notes purchased by the Committee, and the purpose for which they were used.

May I be permitted once more to place on record my personal appreciation of the care taken by the Honorary Officers at the various hospitals in dealing with cases which have been referred to them by me, and of the valuable reports which have been sent me.

I would once more appeal for notes for the Orthopaedic Hospital, Birmingham, and the West Bromwich District Hospital, as I am frequently asked to assist mothers in collecting 10 or 12 notes for in-patient treatment. I can assure anyone sending notes to me at the School Clinic, Lombard Street West, that they will be carefully distributed after investigation of each individual claim.

SCHOOL CLINIC AND SUB-CLINICS.

These were in use throughout 1922 according to the Time Table appearing in last year's report. The increase of attendances for treatment is little short of phenomenal as shown by the following table :—

<i>Clinic.</i>	<i>Sessions.</i>			<i>Attendances.</i>		
	1920	1921	1922	1920	1921	1922
Centrl	519*	509*	825*	18,436	16,868	13,988
Hill Top	142	158	205	2,935	4,141	8,508
Spon Lane	—	174	205	—	6,003	7,609
Great Bridge	—	114	206	—	3,137	7,826
Total	661	955	1,441	21,371	30,149	37,931

*On Inspection days more than one nurse is in attendance, this is not allowed for in the above figures.

SCHOOL NURSES.

The Staff of the District Nursing Association under the able supervision of Miss Robinson, continued to give efficient service as School Nurses. The number of sessions put in by the Nurses at the Central and Sub-Clinics increased to 1441, and in addition 941 visits were paid to the homes of 321 children for the purpose of looking up defects, instructing parents, and in treating cases temporarily unable to attend the clinics.

As in the previous year each school department was visited 3 times by Miss Robinson and the Nurse in whose district the school was situated, for the purpose of inspecting the "cleanliness" of each child in the department. The nurse made subsequent visits to ensure that the dirty cases had been cleansed in accordance with instructions, and if not, to send them up to the Central Clinic to be seen by the School Medical Officer.

The total time put in by the Nurses during the year was equivalent to 1886 sessions showing that the demand on their time has slightly increased. The quality of the work put in is still of a very high order, and is worthy of the utmost praise.

REMEDIAL EXERCISES.

This class of treatment, carried out during the year by Miss Fisher, a trained masseuse, shows a considerable increase, and for the first time since its initiation this treatment was uninterrupted except for the school holidays. The number and nature of cases under treatment during the year is as follows :—

Mouth Breathers	...	...	11
Spinal Curvature	...	...	11
Infantile Paralysis	...	...	3
Unresolved Pneumonia	...	...	3
Heart Affections	...	...	5
Flat Foot	...	...	3
Torticollis (Wry Neck)	...	...	2
			—
Total	...	...	38
			—

24 children were under treatment at the end of 1921, and 14 children were added to the list during the year. 16 were discharged, 7 on attaining school leaving age, and 9 as cured or

improved. The total number of sessions was 125 and the total number of attendances 1544.

Miss Fisher's list was so regulated as to allow for the treatment of 12 to 14 children per session. All cases under treatment were seen at intervals by the School Medical Officer together with Miss Fisher. Most of the cases of Mouth Breathers were children who had been operated on for Tonsils and Adenoids, and in whom exercises were necessary in order to correct the long standing improper habits of breathing.

A very marked improvement was shown in most of the cases of Spinal Curvature, in which general massage was given in addition to Remedial Exercises. In heart cases, treatment is usually confined to massage and movements with or without resistance. All these cases had recently suffered from one of the Infectious Diseases, and required assistance to bring the heart back to normal working. It must be acknowledged that the number of cases treated was small, but at the same time it cannot be denied that most of them would have been absent from school considerably longer if the treatment had not been effective.

RINGWORM.

In December a special report was submitted to the Attendance and Appeals Sub-Committee on the subject of Ringworm, in which the number of cases under treatment and the period of exclusion were set out. The average exclusion under the existing form of treatment by ointment was $7\frac{1}{2}$ months, while 5 cases which had been recommended for, and were awaiting X-Ray treatment at the Skin Hospital, Birmingham, had an average absence of 10 months. In the report I recommended that the Committee should discuss with the Board of the District Hospital the possibility of selected cases of ringworm being treated at that hospital by X-Rays, which would reduce the average absence from school to approximately three weeks, in accordance with the experience of other large authorities which have adopted this form of treatment. Negotiations are in progress with the Hospital Board and it seems probable that the X-Ray treatment will soon be in operation.

INFECTIOUS DISEASES.

The number of absentees through Infectious Disease only fell below 100 during the month of September.

The largest number at one time was 385 in the week ended December 15th, and 353 in the week ended April 17th. The largest number of new cases reported in the schools was in the week ended December 15th, *i.e.*, 115, the next largest number being in the week ended January 13th, *i.e.*, 106.

Measles—commenced in September and rose steadily until the end of the year.

Whooping Cough—commenced in January, rose steadily until the end of March, and had practically disappeared by the beginning of July.

Chicken Pox—commenced in November and was still rising in numbers at the end of the year. It is possible that the fact that this disease was made notifiable as from the 6th December, is responsible for a certain amount of this rise, but it is worthy of note that there has been a larger epidemic of Chicken Pox than has occurred for a considerable time, and that the cases have been of considerable severity compared with other epidemics. This is in conformity with general experience when Small Pox has been prevalent in the Country. Epidemiologists are not yet prepared to say what is the connection between the two diseases.

Scarlet Fever—which has been very prevalent in the town for the past two years showed a very definite falling off in numbers during September and October, but rose again during November and was almost at a maximum at the end of the year.

Diphtheria—was prevalent throughout the year and the months showing the largest number of cases are February and December.

Special visits were paid to schools showing a considerable number of cases when epidemics of Infectious Disease were prevalent, and special steps were taken by the Sanitary Committee to deal with contacts of Diphtheria.

I cannot help feeling that the general prevalence of Infectious Disease during the last two years, as in part due to the amount of unemployment in the town, and this impression is strengthened by the proportion of cases which have occurred among adults, which leads one to suppose that the reduction in the resisting powers has been brought about by a certain degree of malnutrition.

SANITARY CONDITION OF SCHOOLS.

The general cleanliness of the schools is good, with the exception of two non-provided schools. A special report has recently been made on the Annexes of Spon Lane and Greet Green Schools.

It is necessary once more to refer to the schools where trough closets are installed. It is unusual on inspecting these trough closets to find them as clean as they should be, and my remarks in last year's report as to the deposit of stones and bits of brick in these troughs still refer to two or three schools.

These closets, to be satisfactory, require regular flushing, and intelligent attention by the caretaker, and this duty, though unpleasant, is essential to the well-being of the school children.

PROVISION OF MEALS.

No alterations have been made in the arrangements for the selection of children for provision of meals at the Feeding Centres.

As a result of a representation from the Board of Education the following modifications of the Dietary Tables has recently been made, and it will be observed that additional provision has now been made by the inclusion in the Diet of such articles as will supply the Vitamines necessary to growth and development.

DIETARY TABLES.

Monday	Bread, Beef Dripping, Cocoa and Apple.
Tuesday	Bread, Margarine, Jam, Cocoa, and 1 teaspoonful of Cod Liver Oil.
Wednesday	Bread, Lard, Cocoa and Apple.
Thursday	Bread, Beef Dripping, Cocoa and Apple.
Friday	Bread, Margarine, Jam, Cocoa and one teaspoonful of Cod Liver Oil.

STATISTICS FOR YEAR ENDED 31st MARCH, 1923.

Number of Meals supplied	...	40989
Number of Individual Children fed		340
Average Cost per Meal	...	2·6d.
Average Cost per Meal for Food only		2·1d.

REPORT ON PHYSICAL TRAINING, 1922.

ELEMENTARY SCHOOLS.

(a) *Physical Exercises*.—Progress has been made in all departments. The teaching usually shews more life and spirit and there is more precision in the performance of exercises. There is a greater appreciation of the necessary modifications required in the physical exercise lesson to meet weather conditions. Some forms of exercise are entirely unsuitable for cold days, and some are too vigorous for use in warm weather. The teacher needs therefore to shew a wise discrimination in the choice of exercises, and it is satisfactory to note that this is becoming more widely realised.

Good results are observed from the introduction of the team system—especially where the competition between teams is kept up over a lengthy period and a record is made of the team positions.

Playground games shew greater variety and the standard of play is improving. Some care is still needed to ensure that the games played are suitable for the players concerned. In some schools a list of games has been drawn up which allocates the simpler games to the lower classes and forms a progressive scheme for the school.

Playground football practice has recently been introduced in Boys' Schools and includes heading, kicking, dribbling, throwing-in, &c. The practices are taken by teams. Each team engages in a definite practice for a few minutes and then changes to another variety. In this way four or five different practices can be run through in a period of ten minutes. It is not yet possible to estimate whether the playground practice produces any corresponding development of skill in actual play on the field, as few matches have been played. Similar practices for net ball in girls' schools have been introduced and are taken on the same lines. Here there is evidence that these practices tend to improve the skill of individuals while a game is in progress.

Skipping has developed as a special form of activity in some departments, and in one boys' school skipping has been combined with dance steps to produce a highly complicated form of exercise involving difficult co-ordinations of movement

Indoor Exercises.—It is recognised that indoor exercises, taken in the classroom, are a poor substitute for the play-

ground lesson. There is now, however, greater consistency of treatment throughout the schools and an attempt is being made to give short, brisk lessons in which the exercises are selected specially for class-room use. Indoor lessons are not regarded as complete unless they include a game, and many teachers shew considerable ingenuity in devising suitable games for these lessons.

Shoes.—It is observed that the children of one Junior School have been encouraged to bring rubber shoes for dancing, and for use in fine weather in the Physical Exercise lessons. This adds materially to the comfort of the children and increases the amount of benefit they are able to derive from these lessons.

(b) *Organised Games.*—In the early months of the year inter-school competitions were arranged by the newly formed committee of teachers which undertook the work of a Schools Athletic Association. Much time and energy were expended by the teachers concerned, and as a result of their willing efforts, two football leagues (senior and junior) and a net-ball league flourished for some months. Great enthusiasm for this new departure was shewn by scholars, teachers and public alike. Unfortunately the prohibition of football in the parks (with the exception of Farley Park) deprived the schools of most of their playing spaces. In consequence, not only has this very promising development been retarded, but the organised games undertaken in school hours have been seriously affected. It is confidently expected that, before next winter, arrangements will be made to overcome the difficulties which so severely restrict this side of Physical Training at present.

Jesson Fields.—The formal opening of the Jesson Playing Fields took place on September 20th, 1922, when football and net-ball matches were played between teams representing the “ north ” and “ south ” schools of the town.

(c) *Swimming.*—Land drill, preparatory to the swimming lessons, was undertaken with the classes which were to attend the baths. The exercises were taken from the handbook of the Amateur Swimming Association and were progressive in character. It was observed that the classes which had received sufficient instruction in land-drill were able to make rapid progress during the season, and the “ style ” of swimming shewed improvement generally. 870 children received instruction at the baths; 425 boys, 465 girls. Of these 457 learned to swim. A fair proportion of the remainder were

able to swim a few strokes, and 183 were absent when the tests were held. The percentage of swimmers (52.5) would appear satisfactory when it is noted that no child attended the baths on more than 10 occasions. It is obvious that if a school wishes to do well in swimming it cannot rely solely upon the instruction given during school hours, but must encourage attendance at the baths at other times for continual practice.

The "Kenrick" Shield was again won by Hill Top Boys. The "Helen Caddick" Shield was won this year by Hill Top Girls. 46 girls and 230 boys passed the four lengths test. This is satisfactory as shewing the number of children who continue to practice swimming after they have passed their first season. The preponderance of boys over girls is explained by the fact that girls have very restricted opportunities for swimming practice at the baths.

(d) *Dancing*.—Dancing in girls' schools has made good progress. At Cronehills and Guns Village Girls' Schools, through the efforts of the Head Teachers, Gramophones have been obtained to provide accompaniment for indoor and outdoor dancing. These have proved of great assistance in every form of dancing taken. In most boys' schools this side of physical training shews but little improvement. Dance steps are known and well practised, but as a general rule nothing further is attempted. There are difficulties of course which have to be faced. It is impossible to teach dancing without some form of musical accompaniment. The school piano cannot always be used since most of the instruction takes place out of doors, and unless some substitute for the piano is available, dancing cannot be attempted. The great drawback, however, to the development of school dancing in boys' schools is the lack of knowledge of the subject among male teachers. Two schools have successfully taught Morris and Scandinavian dances to boys.

It should be distinctly understood that progress in Physical Education generally varies from school to school and from class to class. There is an urgent need for the re-opening of teachers' classes in physical exercise—not only for the benefit of those teachers who are without definite training based on the 1919 Syllabus, but also for those who now feel that further instruction would enable them to introduce fresh work to their classes.

PLAY CENTRES.

Summer and Winter Play Centres have continued under the supervision of teachers acting as voluntary play-leaders. The leaders have devoted themselves whole-heartedly to their task and have carried on an excellent work. Praise should be given for the way in which the teachers have conducted these centres on the voluntary system, and the public spirit displayed.

SECONDARY SCHOOL.

(a) *Physical Exercises*.—A scheme of work was drawn up at the beginning of the school year. The scheme included games and dancing, was progressive throughout classes and through the school, and was shaped so as to proceed from the Board's Syllabus for Elementary Schools. Modifications have been made from time to time, but, generally speaking, the scheme formed the basis of all work attempted during the year.

In connection with the general school inspection the Physical Exercises of both boys and girls were inspected. The reports of H.M. Inspectors have already been laid before the Committee.

(b) *Organised Games*.—The usual school and house matches were played. Form matches were arranged in order to enable the less accomplished players to enjoy match play. The introduction of a second games afternoon on Fridays has secured special provision for boys and girls of the Junior School and a system of coaching has been introduced to meet their needs. Small groups are formed on the playing Field who engage in some definite activity, designed to improve their skill in playing. After these practices have been undertaken the game itself is played and suggestions are made with a view to improving the tactics of individuals and of the teams engaged.

Additional facilities were provided for Net Ball and Stool Ball "Rounders" was introduced as a summer game for girls in order to occupy those who were not able to play tennis.

Organised cricket practice was undertaken during the summer, in the evening, and proved of great benefit to those boys who attended.

(c) *Swimming*.—Land drill was taken—more especially with the lower forms—before the swimming season began. At the baths progressive instruction was given, based on definite exercises in the water. The exercises were performed by the pupils in turn, while working in pairs—one assisting the other.

At the end of the season tests were conducted and swimming badges were issued to those who succeeded in passing the tests. A good average standard of ability was displayed at the Swimming Sports held in September.

The school entered for the Birmingham Secondary Schools Swimming Sports and won the Breast Stroke (2 lengths) race, (F. Arnold, Form V). Good performances were also made by the teams entered for the relay races.

(d) *Athletics*.—Training in athletics was undertaken on Saturday mornings during the spring and early summer. A good level of athletic ability was observed at the school Sports held in June—for which more than 200 scholars entered.

At the Birmingham Secondary School Sports the school won the “Schools Cup ” for high jump (A. L. Clift, Form VI).

(e) *Cadet Corps*.—Members of the Cadet Corps met weekly for Physical Training. Teams were entered for cadet competitions.

It should be noted that the Supervisors of Physical Education have received great assistance from the members of the Staff of the Secondary School in carrying out the general scheme of Physical Training—especially in the conduct of “house” practices and competitions, and in training for swimming and athletics.

ART SCHOOL.

Provision has now been made for the Physical Training of the Junior Pupils of the Art School. Training takes the form of Physical Exercises for one hour per week in the Secondary School Gynamsium. The work undertaken is approximately

the same as is given to pupils of corresponding age in the Secondary School. As, however, many of the Art School Students have had no physical instruction for some time, and are unaccustomed to work an apparatus, the exercises are simplified to meet their special needs. The instruction of these classes is in the hands of the Supervisors of Physical Education.

E. GOWDRIDGE,

E. H. MOSS,

Supervisors of Physical Education.

TABLE I.

NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1922, TO
31st DECEMBER, 1922.

A.—ROUTINE MEDICAL INSPECTION.

Age			Entrants.				Other Ages	Total
			3	4	5	6		
Boys	—	—	613	—	—	613
Girls	—	—	610	—	—	610
Totals	—	—	1223	—	—	1223

Age			Inter- mediate Group. 8	Leavers			Other Ages	Total
				12	13	14		
Boys	—	—	613	—	—	613
Girls	—	—	630	—	—	630
Totals	—	—	1243	—	—	1243

B.—SPECIAL INSPECTIONS.

			Special Cases	Re-examinations (<i>i.e.</i> No. of Children re- examined.
Boys	...	...	688	270
Girls	...	...	824	290
Totals	...	...	1512	560

C.—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED BY THE
MEDICAL OFFICER, WHETHER AS ROUTINE OR SPECIAL CASE
(no child being counted more than once in one year).
No. of Individual Children inspected—

3624

TABLE II.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION, 1922.

Defect or Disease.	Routine Inspections.				Specials.	
	Entrants.		Leavers.		Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Malnutrition ...	21	102	14	45	3	—
Uncleanliness :—						
Head ...	83	143	50	68	35	—
Body ...	5	32	7	20	—	—
Skin :—						
Ringworm—Head ...	—	—	—	—	19	—
Body ...	—	—	—	—	26	—
Scabies ...	5	—	—	—	26	—
Impetigo ...	28	10	9	—	86	—
Other Diseases (Non-Tubercular) ...	23	12	26	3	179	4
Eye :—						
Blepharitis ...	24	16	20	14	82	—
Conjunctivitis ...	4	2	1	1	82	—
Keratitis ...	3	—	—	—	2	—
Corneal Ulcer ...	—	—	1	—	14	—
Corneal Opacities ...	3	1	2	1	1	—
Defective Vision—						
1, 6/9 or under				50	} 92	4
2, 6/12 to 6/36			153	—		
3, 6/36 or over	4		42	—		
4, „ „ both eyes			8	—		
Squint ...	29	7	14	7	23	—
Other conditions ...	1	7	4	8	22	1
Ear :—						
Defective Hearing ...	10	5	16	16	12	1
Otitis Media ...	26	4	20	2	68	—
Other Diseases ...	22	41	58	44	61	—
Nose and Throat :—						
Enlarged Tonsils ...	26	66	42	53	20	1
Adenoids ...	—	—	3	3	8	2
Enlarged Tonsils and Adenoids ...	1	—	3	1	32	—
Other Conditions ...	23	15	43	40	64	—
Enlarged Cervical Glands (non-tubercular) ...	8	81	8	19	6	—
Enlarged Submax Glands ...	17	113	—	5	4	—
Defective Speech ...	2	4	8	13	1	2
Carried forward	368	661	552	413	968	15

TABLE II.—Continued.

Defect or Disease. (1)	Routine Inspections.				Specials.	
	Entrants.		Leavers.		Number referred for treatment (6)	Number requiring to be kept under observation but not referred for treatment. (7)
	Number referred for treatment. (2)	Number requiring to be kept under observation but not referred for treatment. (3)	Number referred for treatment. (4)	Number requiring to be kept under observation but not referred for treatment. (5)		
Brought forward ...	368	661	552	413	968	15
<i>Teeth</i> :—						
1 to 4 carious ...	77	412	126	403	50	—
5 to 7 „ ...	89	99	43	19		
8 and over ...	137	17	8	—		
Sepsis ...	84	—	6	—	3	—
<i>Heart and Circulation</i> :—						
Heart Disease—						
Organic ...	11	13	13	7	6	—
Functional ...	8	31	21	76	17	—
Anaemia ...	6	9	11	16	13	—
<i>Lungs</i> :—						
Bronchitis ...	58	101	7	23	39	—
Other Non-tubercular Diseases ...	5	—	—	1	22	1
<i>Tuberculosis</i> :—						
Pulmonary—Definite ...	—	—	1	1	1	—
Suspected ...	—	—	—	—	5	1
Non-Pulmonary—Glands ...	1	—	1	—	5	—
Spine ...	—	—	1	—	2	—
Hip ...	—	—	—	—	2	—
Other Bones and Joints ...	—	—	—	—	—	—
Skin ...	1	—	—	—	1	1
Other forms ...	2	—	—	—	3	—
<i>Nervous System</i> :—						
Mental Deficiency ...	—	3	4	12	4	5
Epilepsy ...	2	1	1	1	2	—
Chorea ...	—	5	1	2	20	—
Other conditions ...	2	6	3	9	3	2
<i>Deformities</i> :— ...						
Rickets ...	2	1	2	—	4	—
Spinal Curvature ...	2	1	4	1	11	1
Other forms ...	10	21	7	27	18	1
Other Diseases and Defects ...	24	16	21	49	177	11
Totals ...	889	1397	833	1060	1376	38

Number of Individual Children having defects—3345

TABLE III.

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA IN 1922.

			Boys	Girls	Total
Blind (including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools ...		—	—	—
	Attending Certified Schools for the Blind ...		3	1	4
	Not at School ...		—	—	—
Deaf (including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools ...		1	3	4
	Attending Certified Schools for the Deaf ...		2	2	4
	Not at School ...		—	1	1
Mentally Deficient	Feeble-Minded	Attending Public Elementary Schools ...	47	38	85
		Attending Certified Schools for Mentally Defective Children ...	5	6	11 ||
		Notified to the Local Control Authority by Local Education Authority during the year ...	1	2	3
		Not at School ...	—	—	—
	Imbeciles	At School ...	2	2	4
		Not at School ...	1	—	1
	Idiots		—	1	1
Epileptics	Attending Public Elementary Schools...		5	4	9
	Attending Certified Schools for Epileptics ...		2	2	4||
	In Institutions other than Certified Schools ...		—	—	—
	Not at School ...		—	—	—
Physically Defective	Pulmonary Tuberculosis	Attending Public Elementary Schools ...	6	4	10*
		Attending Certified Schools for Physically Defective Children ...	—	—	—
		In Institutions other than Certified Schools ...	—	—	—
		Not at School ...	—	—	—
	Crippling due to Tuberculosis	Attending Public Elementary Schools ...	4	4	8
		Attending Certified Schools for Physically Defective Children ...	—	—	—
		In Institutions other than Certified Schools ...	1	2	3
		Not at School ...	1	1	2

TABLE III.—Continued.

			Boys	Girls	Total
Physically Defective, <i>contd.</i>	Crippling due to causes other than Tuberculosis, <i>i.e.</i> , Paralysis, Rickets, Traumatism	Attending Public Elementary Schools	7	9	16
		Attending Certified Schools for Physically Defective Children	1	—	1
		In Institutions other than Certified Schools	—	—	—
		Not at School	—	—	—
	Other Physical Defectives, <i>e.g.</i> delicate and other children suitable for admission to Open-Air Schools; children suffering from severe heart disease	Attending Public Elementary Schools... ..	30	30	60‡
		Attending Open-Air Schools	—	—	—
		Attending Certified Schools for Physically Defective Children other than Open-Air Schools... ..	—	—	—
		Not at School	1	2	3
	Dull or Backward †	Retarded 2 years	200	300	500 ‡
		Retarded 3 years	60	60	120 ‡

||.—4 Epileptics included in 11 Feeble-Minded in Institutions. ‡.—Approximately.

†.—Judged according to age and standard.

*.—Plus approximately 50 pre-tubercular children.

TABLE IV.

TREATMENT OF DEFECTS OF CHILDREN DURING 1922.

A.—TREATMENT OF MINOR AILMENTS.

Disease or Defect.				Number of Children.			
				Referred for Treatment.	Treated.		
					Under Local Education Authority's Scheme.	Other-wise.	Total.
Skin :—							
Ringworm—Head	...	...	...	19	17	2	19
Body	...	...	...	26	26	—	26
Scabies	..	...	...	31	31	—	31
Impetigo	...	...	...	123	107	—	107
Minor Injuries	...	...	...	26	15	11	26
Other Skin Diseases	...	...	...	202	192	2	194
Ear Diseases	...	...	...	293	168	2	170
Eye Disease (external and other)	...	...	...	266	214	5	219
Miscellaneous	...	...	...	180	64	1	65

TABLE IV.—Continued.

B.—TREATMENT OF VISUAL DEFECTS.

Number of Children.										
Referred for Refraction	Submitted to Refraction.				For whom Spectacles were prescribed.	For whom Spectacles were provided.	New Frames, Repairs, etc.	Recommended for treatment other than by Spectacles.	Received other forms of Treatment.	For whom no treatment was considered necessary, or refraction postponed.
	Under Local Education Authority's Scheme Clinic, or Hospital.	By private Practitioner or Hospital.	Otherwise.	Total.						
365	159	No record	2	161	156	156	15	2	2	11

C.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	Number of Children.			
	Received Operative Treatment.			Received other forms of Treatment.
	Under Local Education Authority's Scheme, Clinic, or Hospital.	By Private Practitioner or Hospital.	Total.	
265	53	9	62	69

D.—TREATMENT OF DENTAL DEFECTS.

1.—Number of Children dealt with.

	Age Groups.								Specials	Totals	
	5	6	7	8	9	10	11	12			13	14
(a) Inspected by Dentist	1086		2456		2788				792		7122
(b) Referred for treatment by Dentist					4348						
Referred for treatment by S.M.O. ...					480						
Casuals ...											
(c) Actually treated											1883
(d) Re-treated (result of periodical examination) ...											290
										50 325	5203

2.—Particulars of Time given and of Operations undertaken.

No. of Half-Days devoted to Inspection.	No. of Half-Days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinic.	Number of Permanent Teeth.		Number of Temporary Teeth.		Total Number of Fillings.	No of administrations of General Anæsthetics included in (4) and (6).	No. of other Operations.	
			Extracted	Filled.	Extracted	Filled.			Permanent Teeth	Temporary Teeth.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
194	245	2166	135	463	1808	392	855	90	1031	

TABLE VI—*Continued.*

(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment) ...	1054
(4) The number of Children in (1) who were referred for treatment excluding uncleanliness, defective clothing, etc.) ...	805
(5) The number of Children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	<i>a</i> 354

a For whom we have records.

TABLE VII.
HOSPITAL TREATMENT.

	Orthopaedic Hospital, Birmingham	Ear & Throat Hospital, Birmingham	Totals
Subscriptions paid ...	£13 2s. 6d.	£2 12s. 6d.	£15 15s. 0d.
Number of Notes received ...	50	8	58
Number of Notes brought forward from previous year ...	8	2	10
Number of Notes issued ..	58	10	68
Number of Cases treated ...	19	7	26

ANALYSIS OF CASES.

<i>Orthopaedic Hospital.</i>				<i>Ear and Throat Hospital.</i>			
Hip Joint Disease	...	...	3	Tonsils and Adenoids	...	...	2
Spinal Curvature	...	...	1	Mastoid	...	...	2
Talipes	...	...	3	Otorrhoea	...	...	2
Infantile Paralysis	...	...	3	Deafness	...	...	—
Rickets	...	...	1	Cleft-Palate	...	...	1
Injuries	...	...	3				
Tubercular Knee	...	...	1				
Knock Knee	...	...	1				
Deformity of Thighs	...	...	1				
Cretinism	...	...	1				
Lat. Dorsi	...	...	1				
			19				7

